

Appendix A
Amesbury Merrimac Grant Application Excerpted Sections

National Objective – Housing Rehabilitation Program

The Housing Rehabilitation Program for Amesbury and Merrimac will meet the national objective to benefit Low and Moderate Income Persons by “directly benefiting low and moderate income persons by providing them with safe, decent and sanitary housing.” (Housing activity – 100% low-mod benefit) (24 CFR Part 570.483). The Program will document and verify the incomes of all households that will receive assistance to ensure 100% benefit to low and moderate-income people. It will only provide assistance for the rehabilitation of single-family units occupied by low and moderate-income households or to owners who commit to 15 years of rental to LMI tenants. Additionally, multi-unit properties of up to four units meeting the minimum requirement of 51 % of the units (50% in a duplex) being occupied by low and moderate-income households, may participate. This will be done in accordance with the “CDF Implementation Manual” and the “Section 8 Low and Moderate Income Guidelines for the Boston Area” for the City of Amesbury and for the Town of Merrimac, the “Section 8 Low and Moderate Income Guidelines for Lawrence MA-NH HUD Metro FMR Area.”

Threshold Requirements

Demonstrate project consistency with the applicant's Community Development Strategy

In Amesbury and Merrimac, housing rehabilitation has been identified as a community priority. It has been determined to be an essential way to keep residents of both communities in their homes as well as bringing and keeping their homes up to code.

Amesbury's **Community Development Strategy, Housing Element**, Ensure a variety of housing options for an economically diverse population states "Amesbury has a great diversity in its housing stock, with a broad range in home prices and rents suitable for a variety of income levels, age groups, and needs. Our community will continue to offer housing opportunities to meet the needs of Amesbury residents of all ages and income levels, as well as meeting the Commonwealth's guidelines to provide at least ten percent of its housing stock at affordable levels. The goal to provide a range of housing choices will be consistent with smart growth principals, promoting housing opportunities within the downtown area, preserving open space and natural resources, and Amesbury's historic homes and neighborhoods.

The housing rehabilitation program addresses the following priorities:

- **Removal of barriers to affordable housing**
- **Increase home ownership opportunities**
- **Promote decent affordable housing**
- **End chronic homeless**
- **Provide increased homeownership and rental opportunities for LMI persons, persons with disabilities, the elderly, minorities, and families with limited English proficiency**

The **Priorities Table Logic Model** states that a priority is: rehabilitation of owner occupied housing units in one to four family dwellings. Identify and assist units to be rehabilitated in the City's Urban Village Core Area. Lead abatement in one to four family dwellings and reduction in childhood lead poisoning and hazards. Rehabilitation of structures for homeless and disabled populations. Lead abatement activities in investor owned multifamily properties. Rehabilitation of rental housing projects. A revitalization of the Housing Rehabilitation Program is essential to meeting this priority.

The Town of Merrimac's **Community Development Strategy: Housing and Households section states**, The Town of Merrimac's comprehensive Master Plan forms the foundation for its Community Development Strategy (CDS). The Master Plan has been guiding the Town's actions since its creation in 2002. It has served as the policy document for achieving the community's vision for future growth and development with four key outcomes in mind: 1) environmentally responsible, 2) socially inclusive, 3) economically vibrant, and 4) fiscally stable. The goals of the Master Plan have been furthered refined with the creation of five-year housing production plans to provide targets and policy guidance for the production of affordable

housing. The Affordable Housing Board of Trustees, a volunteer citizen committee, is in the process of updating the 2010 HPP with assistance from Merrimack Valley Planning Committee.

"The housing stock in Merrimac is diverse. Every age group, family size and level of income is accommodated. There is a range of housing choice: mobile home parks, apartments, modest cottages, condominium units, home office/studios, duplexes, home office/studio, commodious single family dwellings, in-law unit, farm homestead, and group home. From authentic to reproduction, the age and style of the housing stock represents every architectural period from colonial to modern. In Merrimac, householders over 60 will increase from 33 percent of the population in 2010 to 55 percent in 2030, an increase of 100 percent. Meanwhile, householders under 60 will decrease by 300, or 19 percent. These figures mirror what is happening across the state.

The Goals associated with this section include: Provide housing choice throughout the community; Protect and enhance the historic, intimate character of existing neighborhoods; Use regulations effectively to promote neighborhood-scale design in new residential developments; Use Affordable Housing Trust funds to support development of affordable housing that qualifies for the Subsidized Housing Inventory (SHI) list. **Listed as high priority goals:** Give preference to infill affordable housing development in and adjacent to the Town Center such as at the former Coastal Metal site; Seeking HOME & CDBG funds to subsidize improvements to existing housing stock or to facilitate conversions that require special permit.

Threshold Requirements – Sustainable Development Principles

Demonstrate Project Consistency with the Sustainable Development Principles

Concentrate Development and Mix Uses. The Housing Rehabilitation Program encourages rehabilitation and re-use of existing infrastructure rather than the construction of new infrastructure in the undeveloped areas while using Energy Star building performance standards. We continue to make existing housing more livable and keep it affordable.

This program also meets the following principles:

Advance Equity. The project promotes diversity and social equity and improves the neighborhood.

Use Natural Resources Wisely. The repair of failing septic systems will enhance water conservation and stop pollution of surrounding land.

Expand Housing Opportunities. Allowing funding for landlords to fix up substandard rental property will increase legitimate housing stock for LMI families, some of whom now reside, illegally, in motel rooms with their families.

Promote Clean Energy. All rehab projects comply with EPA's Energy Star guidelines.

HRP Project Description

Project Name: Housing Rehabilitation Program - a revitalization of Amesbury's program and creation of a new program in Merrimac.

Type of Project: Housing Rehabilitation

Project Scope: The Housing Rehabilitation Program will utilize 0% Deferred Interest Loans (DPLs) to rehabilitate up to 12 units in Amesbury and 9 units in Merrimac of single and multi-family properties for housing owned and/or occupied by low and moderate-income residents. This regional program will build upon the strength of utilizing the Town of Salisbury's existing staff to revitalize Amesbury's Program and the creation of a new program in Merrimac. There is waiting list of 43 Amesbury and 20 Merrimac, interested and pre-qualified LMI homeowners.

Who can participate in the program: Low and moderate-income individuals, homeowners or investor/owners with at least 50% of tenants qualifying as LMI whose properties can be brought into code compliance.

What will be the maximum dollars, per unit, available to applicants: \$30,000 per unit, \$35,000 for units that need sewer connection, septic replacement or lead paint removal.

How many units (total) will be rehabilitated: At least 12 units in Amesbury and 9 units in Merrimac which will be owner-occupied or investor-owned.

Types of units eligible (single family, multi): Owner-occupied single/multi-family structures as well as investor-owned units up to four units.

How will the individual projects be awarded (grants, loans): 0% Deferred Payments Loans for low and moderate income with loans due upon sale or transfer of property; however, a Forgiveness Policy for hardship cases is in place. There will be a mortgage recorded at the Essex County Registry of Deeds that has a 15-year affordability period.

Who will be managing/implementing the grant: The City of Amesbury and Town of Merrimac will contract with the Town of Salisbury's Office of Planning and Community Development (OPCD) and its Housing Rehabilitation staff. The Department has successfully managed similar housing rehabilitation projects for the last twelve years.

Process: The program manager completes the income qualification process. Upon verification from the Program Manager that the household/owner who has qualified as LMI, the Rehabilitation Specialist will make an initial inspection of the unit. A point system has been developed to rank each applicant. Points will be given for critical code violations, other health and safety code violations, household income, number of dependents, single parent households, handicapped family members and elderly. Properties with the highest points will be given priority and served first. In an emergency

situation priority will be given and critical violations will be corrected. Top priority is given to violations of HUD's minimum standards and the State sanitary code, followed by violations of town adopted BOCA Building and Mechanical and National Electric Codes. The Rehabilitation Specialist works closely with the homeowner to develop a detailed work write-up based on a priority of violations. The homeowners select the contractor, paying the difference to them out-of-pocket if they prefer not to hire the lowest qualified bidder. The Rehabilitation Specialist will monitor construction activities, coordinate change-order requests, and inspect the completed project before progress payments or any final payments are made. The Program Manager assists the homeowner with any questions or concerns during the process.

National Objective: The Housing Rehabilitation Program for Amesbury and Merrimac will continue to meet the national objective to benefit Low and Moderate Income Persons by "directly benefiting low and moderate income persons by providing them with safe, decent and sanitary housing." (Housing activity – 100% low-mod benefit) (24 CFR Part 570.483). The Program will document and verify the incomes of all households that will receive assistance to ensure 100% benefit to low and moderate-income people. It will only provide assistance for the rehabilitation of single-family units occupied by low and moderate-income households or to owners who commit to 15 years of rental to LMI tenants. Additionally, multi-unit properties of up to four units meeting the minimum requirement of 51 % of the units (50% in a duplex) being occupied by low and moderate-income households, may participate. This will be done in accordance with the "CDF Implementation Manual" and the "Section 8 Low and Moderate Income Guidelines for the Boston Area" and for Merrimac, the Lawrence, MA-NH HUD Metro FMR area."

Target Area/Population: The Target Area for the Housing Rehabilitation Program is the Amesbury Urban Village Core and the Merrimac Center Corridor (attachment 2B), and the target population is households that qualify as low and moderate income, using HUD guidelines for the Boston PMSA and for Merrimac, the Lawrence, MA-NH HUD Metro FMR area."

Project Need: Currently 43 Amesbury families and 20 Merrimac families are on the waiting list for this program. This project allows people to afford to continue living in their own homes as well as allowing owners of multifamily dwellings to be able to improve their properties while still keeping their rents affordable.

Estimated low and moderate-income beneficiaries: 84 LMI residents

Total Dollars to be leveraged by this project: \$66,684 as well as the support pledged below to work along with our funds when additional funding is necessary to make a project feasible; list may be available on a case by case basis
In-kind services - \$31,000: Amesbury and Merrimac Health and Building Departments, Accountant, Treasurer, utilities and office space.

- As members of the North Shore HOME Consortium, funding of \$26,901 for Amesbury and \$8783 for Merrimac is available to preserve, maintain and improve the affordable housing stock.
- TD Bank will extend loans of up to \$30,000 for program qualified participants at prime with no closing costs.
- Newburyport Bank pledges an uncapped line of credit for program qualified participants at prime with no closing costs.
- Mass Housing Get the Lead Out Program
Owner-occupants 0% Deferred Interest Rate Eligible borrowers may not have to repay the loan until they sell or refinance their home
Preventative Owner-occupants amortizing loan with a 2% interest
Investor-Owners who rent to income-eligible tenants 5% fully amortizing
- Rural Development Housing Repair and Rehabilitation Loans fund very low-income rural residents who own and occupy dwellings in need of repairs. Loans of up to \$20,000 at 1% interest and grants of up to \$7,500 are available for owners 62 years of age or older.
- CTI Home Modifications Program: The intent of the Home Modifications Program is to modify homes for improved access to allow people to continue to live independently in their communities. Based on income eligibility, homeowners and landlords may apply for \$1,000 up to \$30,000 in a deferred payment loan or amortized loan for access modifications to the principle residence of elders, adults with disabilities and families with disabled children. The loan is secured by a promissory note and mortgage that are recorded as a lien on the property.
- Community Action, Inc. – heating system repair and replacement and heating fuel assistance is available to most program participants
- Action, Inc. weatherization an energy auditor will visit your home to see how we can help you stay warm in the winter and cool in the summer, while cutting back on heating and A/C costs. Weatherization work will be performed by qualified area contractors. Measures may include adding insulation, repairing windows, repairing/replacing roofs, weather-stripping and more, based on need and available funding.

Threshold Requirements – Housing Rehabilitation Program

Demonstrate project consistency with Target Areas requirements

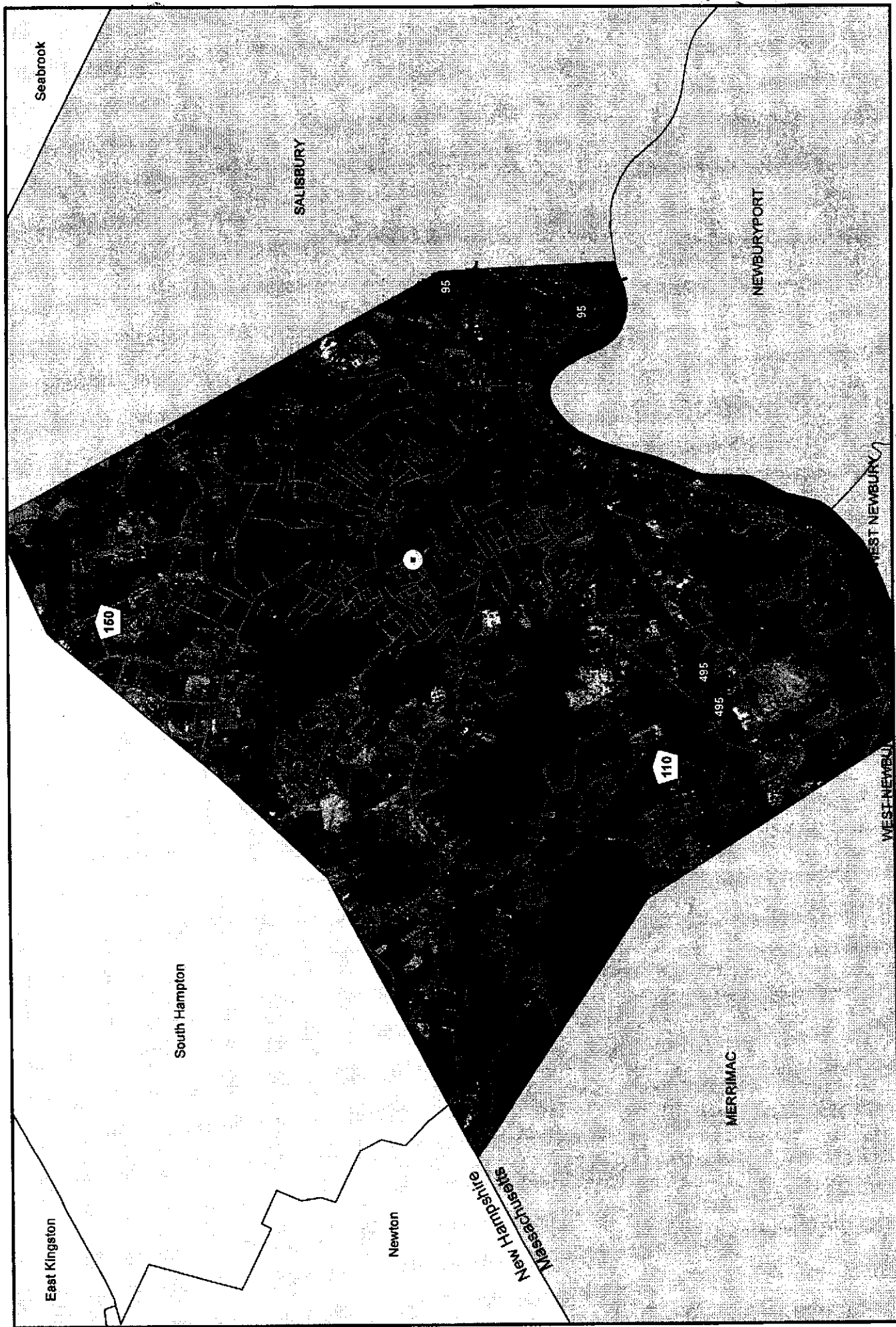
Provide:

- 1. The name of target area(s) in which activit(ies) will be conducted,**
- 2. Attach a map of the target area, and**
- 3. Description of the target area(s) and how the boundaries were determined. Why does this geographic area constitute a target area in the community?**

The Housing Rehabilitation Program for Amesbury and Merrimac will occur exclusively in **Amesbury's Urban Village Core Area** (attachment 2B – Target Area Map) and the **Merrimac Center Corridor Target Area** (attachment 2B – Target Area Map).

The primary concentration of targeted services will be the **Amesbury Urban Village Core Target Area** and will benefit all eligible low and moderate income households. The Urban Village Core contains, in its eastern border, the Madison Street Neighborhood, the Clinton-Brown Street Neighborhood and the Highland Street neighborhood in the northern and western borders. The Urban Village Core Target Area was selected in 2012 and again by the City Council in 2015, in response to a Needs Assessment Survey. On November 9, 2015, the CAC voted to expand the borders in response to community input. The basis for assigning priority needs includes data derived from the US 2010 Census, local studies and information gathered from cooperative relationships and consultation. The framework for priority assignment was shaped by North Shore Home Consortium Continuum of Care coordination and public hearing process, the City's Citizen Participation Process, Community Action Inc.'s Strategic Plan and Needs Assessment and CDBG regulations. The Community Development Strategy is consistent with, and reflects the sustainable development principles outlined by the Office of Commonwealth Development. This area is the oldest and most underserved of the City's 25 distinct neighborhoods and is the focus of a comprehensive revitalization, and therefore it was designated as the **Amesbury Urban Village Core Target Area**.

The **Merrimac Center Corridor Target Area** was determined through a public process. The Merrimac Center Corridor Target Area's boundaries were originally approved by the Affordable Housing Trust on November 10, 2015. This area is bounded by Interstate Route 495 on the south; the City of Haverhill on the west; the City of Amesbury on the east and Nichols Street and West Shore Drive on the north. The area covered by the Target Area had been the recent focus for the Affordable Housing Trust. Through the Affordable Housing Trust, the community is working on meeting the needs of its low-medium income (LMI) population through an analysis of existing housing stock and the needs of the current population, work on Merrimac's Housing Production Plan, infrastructure improvement, concentrating development and economic development. The basis for assigning priority needs includes data derived from the US 2010 Census, local studies and information gathered from cooperative relationships and consultation. The framework for priority assignment was shaped by North Shore Home Consortium Continuum of Care coordination and public hearing process, the Citizen Participation Process, Community Action Inc.'s Strategic Plan and Needs Assessment and CDBG regulations. The Community Development Strategy is consistent with, and reflects the sustainable development principles outlined by the Office of Commonwealth Development. This area has many older homes, a mobile home park, subdivisions, infrastructure and the largest concentration of LMI households; therefore it was designated as the **Merrimac Center Corridor Target Area**.



Amesbury Target Area FY2016 CDBG and Non-CDBG Activities

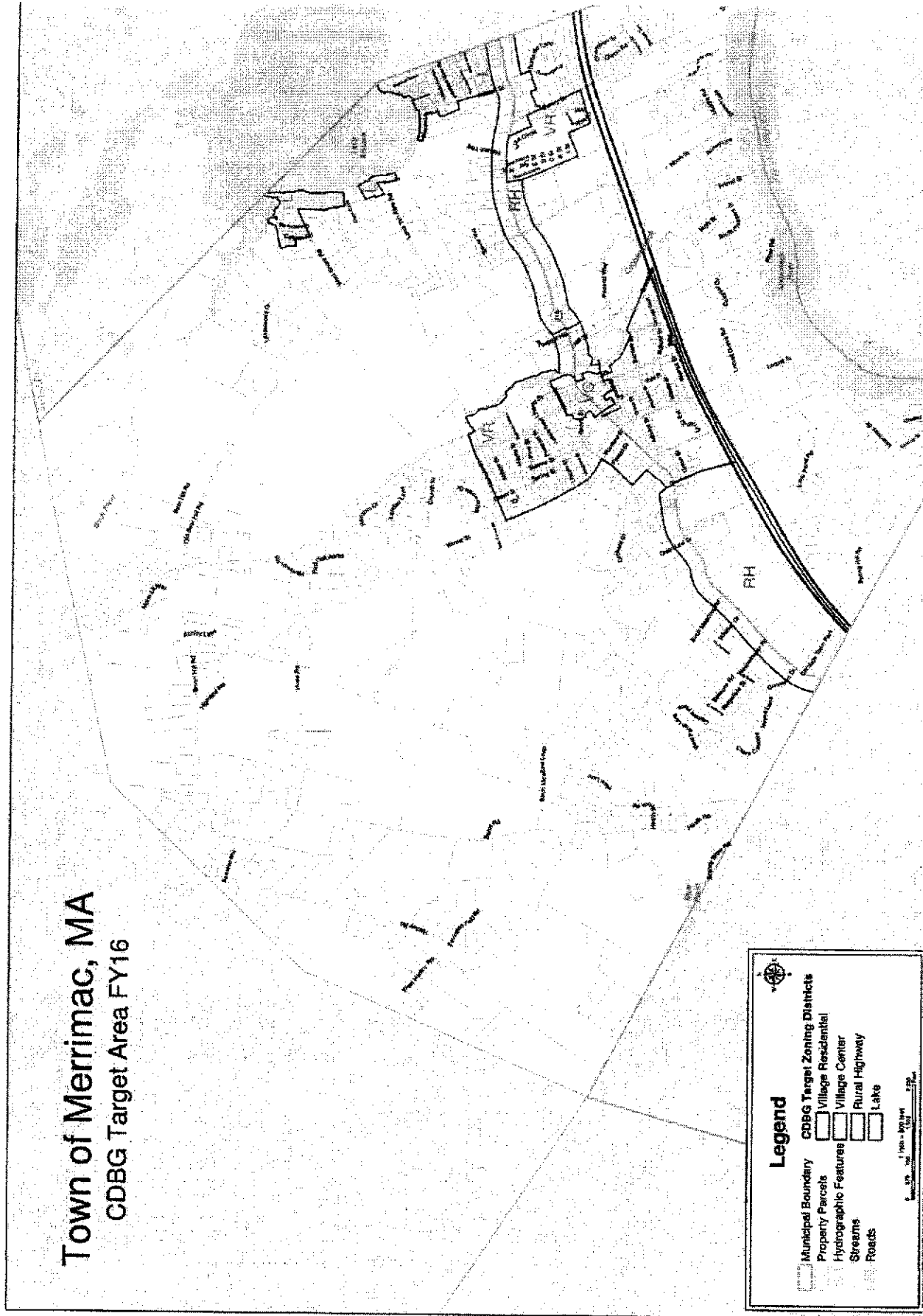
CDBG Activities:

- Housing Rehabilitation Units on Waiting List
- Pettengill House
- Our Neighbor's Table

Amesbury Target Area

Non CDBG Activities

Town of Merrimac, MA CDBG Target Area FY16



Legend

Municipal Boundary	CDBG Target Zoning Districts
Property Parcels	Village Residential
Hydrographic Features	Village Center
Streams	Rural Highway
Roads	Lake

0 100 200 300 Feet

**HRP - detailed explanation of the estimated cost per unit,
and the basis for the cost**

Number of Units	Cost Per Unit	Total
14	30,000	420,000
7	35,000	245,000
21	14@\$30,000/7@\$35,000	665,000

Note: Each unit is different and requires an individual assessment and set of work specifications.

No Septic/sewer	
Specification	Amount
Windows	10,000
Storm Doors	750
Gutters and Roof	10,500
Electrical	4000
Plumbing	4,750
Total Bid	\$30,000

With Septic/sewer	
Specification	Amount
Windows	10,000
Storm Doors	750
Gutters and Roof	10,500
Electrical	4000
Plumbing	1,000
Septic/sewer	8,750
Total Bid	\$35,000

With Lead	
Specification	Amount
Windows	13,000
Storm Doors	2,750
Gutters and Roof	10,500
Electrical	4,000
Plumbing	4,750
Total Bid	\$35,000

Qualifications of the person responsible: Philip Jewett is the CDBG office Rehabilitation Specialist and will inspect properties, meet with homeowners, write up work requirements, manage the bidding process and recommend contract awards. The Rehabilitation Specialist monitors the actual construction and monitors the contractors' performance for timely implementation and compliance with construction regulations. Mr. Jewett was hired by the Town of Salisbury in 2011 and has over 30 years' experience as a general contractor and 10 years of direct experience working as a Rehabilitation Specialist using CDBG funds.

Operation and Maintenance Plan for HRP: Maintenance of the rehabilitated dwellings will be the responsibility of the individual homeowners. The homeowners will also be required to maintain insurance and flood insurance if applicable as part of the contract documents.

Project Budget: Housing Rehabilitation

By funding source, please fill in the appropriate line items below. Then total each column and row.

	Estimated Project Cost	CDBG	Section 108	Home	ESG	HOPWA	Other Federal	State/ Local	Private	Other \$	Total
Loans/Grants	\$0	\$665,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$665,000
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Totals:	\$0	\$665,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$665,000
				Total CDBG:		\$665,000		Total Other:		\$0	

Community Development Fund I 2016

CDF I-2016-Amesbury*-00027

Competitive Questions (Rehabilitation)

Project Need - 18 Points

What is the need for the proposed project/program?

Define the need or problem to be addressed by the proposed project. Explain why the project is important.

Provide evidence of the degree of severity of the need or problem. Who is the affected population and why is this population presently underserved or not served? Identify and describe the affected project area or facility and why this facility or area in particular is adversely affected?

Need should be defined to reflect conditions in the target area

The need for the project will be evaluated upon the extent to which the response demonstrates the severity of need and the strength of documentation provided

through summary descriptions of surveys, census data, architectural and engineering studies. As applicable (i.e., for projects involving construction or rehabilitation), photographs must be included as attachments to the packet.

Comments

See attached HRPcompetitive2016

https://madhcd.intelligrants.com/_Upload/372927-HRPCompetitive2016.pdf

Community Involvement and Support - 12 Points

Were the community and/or potential beneficiaries' involved?

Demonstrate the involvement of the community at large and/or potential beneficiaries in the identification, planning and development of the proposed project. Provide evidence of public forums or meetings regarding the project and attendance records, press coverage or meeting minutes that demonstrate support for the project.

How was this project chosen? What process was used to select this particular project? How was the process responsive to expressed community need? Demonstrate the outreach efforts made by the town/city to actively involve the community at large. Include evidence: notices, newspaper articles.

Demonstrate how the potential beneficiaries and the community at-large were actively involved in the planning and development of the proposed project. Include evidence: meeting minutes, public forum notes, phone inquiries, letters, petitions, newspaper articles or letters to the editor, establishment of an advisory committee.

Define the process to be used to maintain involvement of the project beneficiaries in the implementation of the project and in assessment of the completed project. Community Involvement/Support will be evaluated based on the extent to which the community and potential beneficiaries were provided with opportunities for involvement, demonstrated involvement (greater level of involvement may provide a competitive advantage) and resulting support for the project, and will have access to ongoing opportunities for involvement.

Comments

See attached HRPcompetitive2016

https://madhcd.intelligrants.com/_Upload/372927-HRPCompetitive2016.pdf

Project Feasibility - 20 Points

Why is the proposed project/program feasible?

Demonstrate that the activity proposed is feasible by providing the following:

Describe what evidence exists to show that the community at large or project beneficiaries will use the project. Include documentation of demand for the activity through summary descriptions of surveys, inquiries, waiting lists or past participation (not applicable to barrier removal or demolition).

Describe the present status of the project design. Rehabilitation activities should summarize the operational program design. Do not attach and refer to a program manual.

Community Development Fund I 2016

CDF I-2016-Amesbury*-00027

Competitive Questions (Rehabilitation)

Describe and document the present status of site control for the project.

If applicable, describe and document the availability and source of matching or other funds needed to complete the project. Do not include in-kind services for town employees who would otherwise be responsible for a grant-related administrative function. In-kind services are accepted only as directly related to the project. (For example, force account labor by the Department of Public Works is acceptable.) Reviewers will use information provided here along with budget information provided elsewhere to assess the cost reasonableness of the project budget.

Describe and document the current status of environmental review and the timeline for completion of the process. Identify all necessary federal, state, and local permits, including state and local environmental permits, and the timeframe for obtaining them. Include the appropriate checklist(s) and response letters from relevant state agencies and/or local commissions.

Identify and describe the procurement process used or applicable to the project (if multiple processes are applicable, identify each process).

Identify and describe the roles and responsibilities of all personnel involved in the project as well as internal controls.

Citing past accomplishments, document that

the community has the necessary past expertise to conduct the activity and has successfully completed past activities with CDBG or other programs in a timely manner, or the community has experience acquiring the expertise, or the community has a plan to acquire the necessary expertise

br>Comments

See attached HRPcompetitive2016

https://madhcd.intelligrants.com/_Upload/372927-HRPCompetitive2016.pdf

Project Impact - 15 Points

What will be the impact of the proposed project/program?

Describe the impact the activity will have on the specifically identified needs. What measurable improvements will result from the activity? How much of the need will be addressed? Define the direct and indirect outcomes that will result from the project. Identify quantitative and qualitative measures to determine that the outcomes are achieved. Refer to the specific target area(s). If the project is proposed under the National Objective or Prevention or Elimination of Slums and Blight provide information on how the activity addresses a) the elimination of deteriorated/blighting conditions as identified in the slums and blight inventory; or b) prevention of blight.

Project Impact will be evaluated on the extent to which the response documents that the activity proposed will have measurable improvements/identifiable outcomes that will benefit the intended beneficiaries and the target area.

Comments

See attached HRPcompetitive2016

https://madhcd.intelligrants.com/_Upload/372927-HRPCompetitive2016.pdf

Project Need: The proposed program will provide housing rehabilitation services exclusively to residents of the Amesbury Urban Village Core Target Area (ATA) and Merrimac Center Target Area (MCTA) who are determined through income verification procedures to be LMI. This program is essential to Amesbury and Merrimac in order to meet our Affordable Housing needs. The need for this program was determined through evaluation of: (a) the high percentage of LMI in the target area; (b) age and conditions of the housing stock; (c) waiting list for Housing Rehabilitation services; (d) a survey of Amesbury and Merrimac housing stock by a professional Rehabilitation Specialist; and (e) community input.

Severity of need: Demographics and Characteristics of target population: There are 3196 housing units in the Amesbury Target Area; 65% of the units are owner occupied and 35% are rentals. There are 961 housing units in the Merrimac Target Area. 83% are owner occupied and 17% rentals. Based on Target Area Survey in compliance with HUD Survey Methodology, it was determined that 55% of the target area Amesbury households are LMI and 52% of the Merrimac target area households are LMI. In Amesbury 29% of LMI households are headed by single females and in Merrimac 22% are headed by single females. 47% of the Amesbury LMI households and 61% of Merrimac LMI are Elderly. (10C Target Area Survey) LMI residents who live in this area have housing needs underserved by conventional home improvement mortgage products since their incomes are insufficient to support additional debt. Due to rising costs of food, childcare, health care and prescription drugs, these households have little disposable income to devote to improving or even maintaining their properties. (11M Needs Assess Amesbury)

Age and Conditions of Housing Stock: Amesbury 38% of the total housing stock is pre-1939 and 34% is between 1939 and 1980; in the Target Area 66% of the housing stock is pre-1939 and 20% was constructed between 1939 and 1980. In Merrimac 37% of the total housing stock is pre-1939 and 22% is between 1939 and 1980; in the Target Area 55% of the housing stock is pre-1939 and 25% was constructed between 1939 and 1980 (2010 US Census, 10A-Assessors Data) These older houses are apt to contain lead-based paint and asbestos, outdated, unsafe wiring, and heating systems in need of repair or replacement. The need for significant housing rehabilitation is apparent on a drive through the majority of Amesbury and Merrimac neighborhoods (4B-Windshield survey), particularly those in the designated target area. In 2015, the Merrimac Board of Health received 128 phone complaints and the Amesbury Board of Health received 46 phone call complaints (11I-Request for Assistance) seeking help on housing repair, substandard living conditions and septic, environmental, and sewerage issues. In the winter of 2015/2016, The Office of Planning & Development (OPCD) conducted a property survey; we evaluated 132 residential properties in the ATA and 49 in the MCTA. Quantitative assessment was made of 14 components of each property using a scoring format previously approved by DHCD for other town surveys. In Amesbury, 2 were in excellent condition, 39 were found in good condition, 67 fair, and 24 poor. In Merrimac, 18 were in good condition, 23 were found in fair condition, 7 poor, and 1 blighted. (4B-windshield survey) An analysis of past projects in the target area indicates that septic system failure, inadequate weatherizing and poor roofing and siding are the most common problems found. A high percentage older homes in the target areas indicate some level of lead paint abatement will be required.

Community Involvement and Support: HRP has become an integral part of the City of Amesbury which ran a successful program for over 20 years. The Town of Merrimac has never had a housing rehabilitation program, but is enthused about participating and having the ability to aid its needy residents to bring its aging housing stock up to code. The programs will grow in support as well as grow in participation through an ever expanding waiting list. The Citizens Advisory Committee (CAC) continues to be an excellent source for public participation. CAC holds public meetings quarterly (14G-CAC Meeting Schedule) to discuss the changing needs of the community, as well as required public hearings for the grant and additional meetings if needed to discuss questions or concerns of staff or beneficiaries. In January 2016, CAC went regional. It is now comprised of 3 Amesbury residents and 3 Merrimac residents selected for their knowledge of the community at large and the particular issues that

affect it. Amesbury members are Leah Hill, Municipal Planner since 2005, former member of the Amesbury Cultural Council; Susan Yeames, West Newbury Assistant Treasurer, former CDBG Program Manager for Amesbury and Salisbury; Amesbury City Planner Nipun Jain, with expertise in greater Boston area architecture and planning. The Merrimac resident members are: Martha Crook, a resident of Merrimac who serves on the Affordable Housing Board of Trustees and as a NEET driver for the Senior Center; Merrimac resident and Chief of Police Eric Shears who has a law degree; Sandra Venner, a 30 year resident, former Selectman and Co-Chair of the Master Plan Committee, current member of the Planning Board, Affordable Housing Board of Trustees and Rent Control Board. At all CAC meetings, the Committee encourages the continuation of the HRP and highlights its importance to the community. Letters are sent to HRP participants to encourage attendance at CAC meetings. CAC meetings are held at different times and locations to give everyone the opportunity to attend. The committee also meets with the Director and the Program Manager to discuss the ever-changing needs of the applicants. The CAC will actively pursue avenues to provide affordable housing opportunities for its residents. Through all public processes, the value and importance of continuing HRP to meet the affordable housing needs of the community was stressed. In Amesbury, this outreach began with the Master Plan in 2004, with over 250 Amesbury stakeholders participating in the process. Master Plan planning process utilized focus groups concentrated on six elements including: Housing. Housing was extensively reviewed and concerns for that age of the housing stock, increases in taxes and LMI population was expressed. HRP was accredited for helping many residents meeting the rising needs. This extensive planning process involved hundreds of residents who provided tremendous input regarding key issues of concern, strengths to build upon and comment on goals, strategies and implementation actions including continuation of HRP. During the fall of 2012, the University of New Hampshire conducted a needs assessment survey to elicit community involvement in CDBG planning and development. Needs assessment surveys completed: 164 residents responded to the Survey. 73% responses indicated an interest in the housing rehabilitation program. Biannually, on cable TV, the OPCD Director will update the Mayor and the Merrimac Board of Selectmen and residents on how our program is running and what services are available. Our marketing campaigns uses several media sources: local newspapers, (11C-news pre-app) cable TV, (11J-cable notice) 4 local newsletters, bi-annually we deliver flyers to the schools to be sent home with every child (11B-school flyer) and most recently, sending target area income surveys to residents in the MCTA. We have found that some of our best marketers are past or current participants who speak to neighbors or friends and town employees who, during their inspections, recognize someone that could use the program, we expect this to continue. CAC public hearings are held to solicit input on the selection of projects for this application, prior to which (14-Public hearings all) letters were sent to all of the Municipal boards, committees, and municipal departments as well as schools and public service agencies. OPCD Director met with the Mayor and the CD Director, attended televised meetings of the City Council and Selectmen (6 Brd of Select ALL) to specifically ask the officials and the public for input and suggestions on this year's request. Copies of the legal notice for the Public Hearings (14G-CAC Meeting Schedule) were posted in the local newspaper, City and Town Hall, Police & Fire Stations, DPW, Library, Post Office and Senior Center (14-Public hearings all) (11F-news articles) The municipalities maintain a CDBG webpage where they list upcoming and past CAC schedules & minutes, downloadable flyers, project updates, and contact information to promote public involvement (3 F Website). During the rehabilitation project, HRP staff and beneficiaries are in constant contact. Program participants will be involved in the rehabilitation of their homes from start to finish. They will help create the work specification by meeting with the rehabilitation specialist and discussing the issues they have in their homes. They review the specifications and discuss questions or concerns until they are satisfied with the specifications. They will participate in the contractor walk-through, approve bids and participate in the review and signing of all contracts. They will sign off on all work with the actual check written to both the participant and the contractor so that they are aware of all payments. They will be provided with the services of the

Rehabilitation Specialist to ensure the work is done correctly, and complete the final inspection with the Rehabilitation Specialist. After their project is completed they have a 1 year warranty to ensure they are happy with the work. They also will be invited to attend the CAC meetings to share their experience/support for the program. Finally, they will complete an evaluation of the program and their process (11E-project completion survey) that will be used to continually improve this program. Evaluations from the program and other participant feedback programs will be reviewed for suggestions that would improve program design. Over 196 residents, including past and participating recipients, have signed a petition in support of the HRP. (11H-petitions) Beyond this, the Program has the endorsement of many state and local officials and town residents (11Lresident letters). See also Citizen Participation Plan.

Project Feasibility - Project Demand: The demand for housing rehabilitation is supported by the response to the ongoing HRP waiting list, lottery, and the windshield survey (11G waiting list & 4B windshield survey). The Planning Department receives phone calls on a regular basis from those interested in the housing rehab process. Currently there are 43 people on the HRP waiting list in Amesbury and 20 in Merrimac and who have followed up that initial contact by filing a pre-application (11A-pre-application). With funding from the FY2015 CDF1 Grant round Amesbury has been able to assist 12 households in the last year and the waiting list is longer than it has been in years. Merrimac has never had a Housing Rehabilitation program and the response to our lottery and advertisement has exceeded the number of units we can support.

Availability of Matching Funds: Reasonable cost per unit was established by reviewing completed HRP projects. The average cost of work completed in 2015 was \$29,995; therefore a \$30,000 per unit maximum rehabilitation allowance was established. Units containing lead cost between \$19,000 and \$48,000. We will allocate \$35,000 for 7 units. The Program Director and Rehabilitation Specialist established the estimates and unit allotment. They have a combined 45 years' experience in housing rehabilitation, construction backgrounds, and have overseen over 500 units of rehabilitation. (12D & A resumes) The \$30,000 per unit maximum includes all general rehabilitation. The \$35,000 per unit includes general rehabilitation, lead paint abatement and/or asbestos removal, handicapped accessibility and septic repair/replacement or sewer line installation. If project bids to bring the unit up to code exceed the maximum amount to be spent on a unit, the Program Manager will explore with the homeowner additional sources of possible funding with other loans and grant programs.

These sources include North Shore HOME Consortium which has committed \$8783 to Merrimac and \$26,901 to Amesbury (8H-NS Home Letter). Bank North has committed an uncapped amount in low-interest loans (8F-TD Bank), and the Newburyport Bank has extended prime rate/no closing costs borrowing to program participants (8G-Nbpt 5 Cent Savings Letter). The program has received a commitment of continued partnership with Community Action, Inc. and Action, Inc. for weatherization and heating assistance (7L-CAI, Inc. letter) Mass Housing Get the Lead out Loan Program has funds available for eligible families. (11K Other Project Funds). If other funds are not available, the OPCD Director may request from the Department of Housing and Community Development a formal waiver of the spending cap. The City of Amesbury will contract with the Town of Salisbury for administrative services if the Grant is funded. Proper procurement has been followed (6M City Council Resolution)

Procurement of Grant Administration: The Town of Salisbury's OPCD manages HRP. Employees are hired following the Town's policy of advertising and posting all positions. Finalists' names are submitted to DHCD for approval. All staff is currently in place: Program Director, Program Manager and Administrative & Financial Assistant are full-time town employees and the Rehabilitation Specialist is a part time employee. HRP will contract Lead Paint Risk Assessors and Lead Paint Inspectors for the program according to MGL 30B and federal procurement regulations. Professional service contracts will be executed and maintained on file in accordance with 24 CFR 35 which requires lead inspection of all properties built before 1978. **Bidding and Contracting Process:** Homeowners select lowest responsible and execute contracts with the selected contractor (see complete project step by step below)

Environmental Review and Timeline for Completion: The environmental review for HRP has been completed with a finding of Categorical Exclusion from NEPA and is in compliance with environmental

review requirements of the related federal authorities (24 CFR 58.35(a) (4)) (1BEnv Checklist) A Programmatic Agreement with MHC is in place for Amesbury and all projects will be reviewed under the terms of that agreement (1D-Progr.Agreement). When applicable, HRP consults with the local Historical Commission and MHC staff to determine appropriate historically correct rehabilitation of a project. All Merrimac projects will be sent to MHC for written approval. All projects listed in the MA State Registry of Historic Places are submitted to MHC for written approval. The Conservation Commission reviews each case for compliance with the Wetlands Protection Act, Flood Plain management and Insurance, sole source aquifers, Title V and the Endangered Species Act. These conditions, if they exist, are unlikely to impact the rehabilitation of existing dwellings. The contractor is responsible for securing all applicable permits (i.e. building, electrical, plumbing etc). No final payments are made to a contractor until all sign offs by appropriate officials are received. No other approvals are necessary until grant award. HRP outlined here will be completed in the required 18-month grant cycle. The time required to reach each milestone is listed in the required Implementation Schedule and is summarized below. There are currently lists of 63 pre-applicants for assistance. Experience with prior CDBG Programs found that 2/3 of pre-applicants qualified as LMI. All projects will receive a start and end date to ensure timely completion. This schedule assumes a 7/15 award announcement.

Activity -	Task Completion	*
Contract with DHCD signed	August 2016	<i>Rehabilitation projects take, on average, 30 – 60 days to complete</i>
Environmental Clearance/Special Conditions	August- September 2016	
35 Applications received; processed	September 2016 - May 2017	
21 Projects Approved	October 2016- June 2017	
21 Projects out to bid	October 2016– October 2017	
21 Projects under construction*	November 2015- November 2017	
Project close-out	January 2018	

Project Bidding and Steps: Pre- Application Process: Interested homeowners complete a pre-application. Once monies become available, the next pre-applicants on the waiting list are invited to complete a full application, in which they provide income data. The Administrative Assistant compiles income and ownership data. Program Manager completes the income qualification process. Once the household/owner has qualified as LMI, the Rehabilitation Specialist will make an initial inspection of the unit. Ranking: To ensure that the program will address the most seriously blighted properties and most needy households, a point system has been developed to rank each applicant. Points will be given for critical code violations, health and safety code violations, household income, and number of dependents, single parent households, handicapped family members and elderly. Properties with the highest points will be given priority and served first. In emergency situations, priority will be given and critical violations corrected. Inspection: Rehabilitation Specialist conducts a complete inspection of the property and prioritizes violations. Initial priority addresses violations of HUD's minimum standards and the State sanitary code, followed by violations of town adopted BOCA Building and Mechanical and National Electric Codes. All homes will be de-leaded. Asbestos will be removed or encapsulated and relocation offered, based on HUD relocation/acquisition guidelines. The Program Manager also goes through an environmental checklist for each project along with historic review (if applicable). Barrier beach, flood, lead and asbestos issues are reviewed at this time and the Program Manager coordinates with appropriate Town Boards (e.g., Historic Commission, Conservation Commission, etc.) as necessary. Finally, Program Manager works with a contracted Title V Inspector and the Health Agent when septic issues are apparent. Bidding: Rehabilitation Specialist works closely with the homeowner to develop a detailed work write-up based on priority of violations. The current program has an established list of contractors verified by checking their insurances and references. A mandatory walkthrough is set up. Contractors meet the homeowner and Rehabilitation Specialist, receive the bid package including work specifications, walk through the house, and review the specifications. The contractors have 1 week to compile bids and return them. Bids are opened and reviewed for accuracy.

Results are documented and faxed to the contractors. Homeowners select a contractor, paying the difference to them out-of-pocket if they prefer not to hire the lowest qualified bidder. The program has an established process utilizing a chain of contract documents and construction contracts before rehabilitation begins. **Construction:** Rehabilitation Specialist will monitor construction activities, coordinate change-order requests and inspect the completed project before progress payments or final payments are made. Program Manager assists the homeowner with questions or concerns during the process. **Grievance Process:** (Citizen Participation Plan) Citizens' grievances and complaints will be resolved informally by Program Staff and/or Program Manager whenever possible. Citizens who have grievances, objections or complaints that cannot be resolved in this manner will be directed to submit a written complaint to the Director of Planning and Development. If this response is not satisfactory, the matter is referred to the Community Development (CD) Director. The CD Director will issue a written decision within seven days. Should the complainant wish to appeal the CD Director's decision, they should send an appeal letter to the Mayor. The Mayor shall issue its decision in writing within 14 days from the conclusion of the meeting. This decision is final. **Forms of financial assistance to be provided:** 15 yr 0% DPL was chosen as funding mechanism to ensure that the program is affordable to its LMI and investor population. If ownership of the property changes within this 15 yr period, the total grant must be repaid. Enforcement occurs through a lien recorded at the Essex County Registry of Deeds. Full re-payment during the length of the lien has proven an effective deterrent to speculative rehabilitation. Recorded Rental Agreements will be signed to ensure that the unit(s) remain affordable and rented to LMI persons for 15 years. Program Manager shall conduct annual reviews to ensure compliance with the Rental Agreement. Amesbury will forgive loans in cases of demonstrated hardship. (Anti-Speculation and Recapture Plan). **Subordination Policy:** HRP will subordinate to lower interest rate or to perform repairs to the home. The total financing from all sources may not exceed 100% of the appraised value of the property. **Management Plan:** Amesbury will contract with the Town of Salisbury to manage the HRP. OPCD Director, Lisa Pearson will oversee all project activities. (12A-Dir. resume) She will monitor implementation plan, supervise HRP staff, monitor compliance with all federal, state and local regulations governing project implementation, act as a liaison with other town officials and DHCD, resolve disputes between project owners and contractors, review subordination and discharge requests and monitor project closeout. Rehab Specialist (Philip Jewett) will review lead assessments and reports, perform inspections, prepare inspection reports and cost estimates and specifications. (12D-rehab spec. resume) Program Manager Lisa Beaulieu (12E-Progr.Mgr.resume) will oversee contract signings, approve contractor payments, procure risk assessors, verify insurance coverage and licenses for all contractors, prepare contractor disbursements, income qualifications, maintain quarterly reporting systems and marketing programs. Administrative and Financial Assistant Terri Mahoney (12C-Admin.Fin.Ass't.resume) will perform intakes, collect income and initial verification, assemble and maintain client files, maintain and update files and eligible contractor lists, prepare and disburse all contractor payments, record loan documents, maintain all bank accounts. **Community Capacity:** Salisbury OPCD has managed HRP since 1998. The current Director has been there since its inception and even when a position is vacant, the Director and other staff members have stepped in and maintained the program. The Director developed the project timeline by considering the scope of the project and seasons of the year, time to complete the environmental review and other permitting, marketing, selecting eligible participants, completing site inspections and work write-ups, contractor selection schedule and complete construction, follow up inspections, and close out project. Waiting list, key staff, and boiler documents are in place.

Project Impact: HRP will provide a 100% positive direct impact on the LMI target population. The Program Design recognizes and addresses emergency situations and neediest properties first, through the participant ranking system detailed above. It is anticipated that units will be brought to code, directly benefiting an estimated 54 LMI individuals in the target area. There are 3196 households in the Amesbury Target area. This project will directly benefit 12 LMI households in Amesbury and based on prior experience we estimate 31 LMI individuals. This would increase Amesbury's overall subsidized housing inventory count from 517 to 529 increasing it from 7.3% to 7.4%, bringing Amesbury closer to

the state threshold of 10% affordable housing in the community. There are 961 households in the Merrimac target area. This project will directly benefit 9 LMI households in Merrimac and based on prior experience we estimate 23 LMI individuals. This would increase our overall subsidized housing inventory count from 141 to 150 increasing it from 5.6% to 5.96%, bringing Merrimac closer to the state threshold of 10% affordable housing in the community. Through the use of Energy Star approved materials, the program will ensure sustainability. The improved units will enhance the quality of life of both current and future occupancy by LMI households. The LMI households have also been relieved of the significant financial burden of critical home improvement, allowing their limited resources to be used for other pressing financial needs. Grant guidelines require that we fix all code violations discovered in a property; for projects that exceed the cap, there are additional resources of North Shore Home Consortium, Bank North, Newburyport 5, Community Team Work and Rural Development. Additional assistance is not required for every project, but occasionally, the availability of additional sources of funding truly helps us to reach the neediest population. Since these funds are targeted, without our program our population could not be helped, but together, we can reach some of those properties we never could have helped without these supplementary funding sources. By upgrading 21 units of substandard housing, the Program will enhance the quality of life of the target areas. The improved properties will upgrade property values of the entire neighborhood. Without our assistance, these properties would have continued to deteriorate and the homeowners would only become more distressed. As stated above, this program will directly affect 54 LMI persons but indirectly, the benefit is even greater. To quantify these results, there are 3196 households in the Amesbury Target Area 55% LMI (1758) by rehabilitating 12 houses we are decreasing the substandard housing by .4%. In Merrimac quantify these results, there are 961 households in the Target Area 52% are LMI (500) by rehabilitating 9 houses we are decreasing the substandard housing by 1%. The long term goal of the Program is to ensure that properties that do not meet the basic health and safety codes are brought up to code. In addition, this allows the LMI residents--especially elders on fixed incomes--to remain in their homes, thus stabilizing the neighborhood and decreasing the likelihood of housing being abandoned by owners. Although we cannot reach all the LMI households in the target area, we believe that 21 units will have measurable impact and are feasible to complete within the timeframe. The program will be deemed successful when: (1) construction on all items approved by the Program Manager and Rehabilitation Specialist have been completed and inspected in all 21 units occupied by LMI households; (2) all appropriate signoffs by inspectors (e.g., building, electrical, health, etc.) have been made; and (3) final payment to contractors has been recorded. Program participant satisfaction will be monitored through exit interviews with the Program Manager. In addition, ongoing evaluations of the program by the CAC will continue.